



# Easton Learning Adventures Preschool

115 Main Street, North Easton, MA 02356  
(508) 230-7445

## Medical Form

Dear Physician: \_\_\_\_\_ is enrolled at Easton  
Child's Name

Learning Adventures Preschool which is licensed by the Department of Early Education and Care. The department regulations require that the MEDICAL HISTORY & IMMUNIZATION FORM be completed and signed by the child's physician or source of health care. A prompt response is appreciated.

Evidence of a physical exam is valid for one year from the date the child was examined and must be renewed annually thereafter.

### IDENTIFICATION

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parents' Names: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Child's Examination: \_\_\_\_\_

What is your opinion concerning the child's health and general appearance?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has this child been screened for lead poisoning?  YES  NO

If YES, date screened: \_\_\_\_\_

Does this child have any disabilities or chronic medical problems (allergies, limited vision, etc.) which require special consideration or care by Easton Learning Adventures?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Date: \_\_\_\_\_